



**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

**Applicant:** O'Connell, T.  
**Serial No.:** 10/687,077  
**Filed:** October 16, 2003  
**Title:** Lifting Jack Accessory  
**Paper:**

1. Amendment in Response to the Office Action dated May 14, 2004;
2. Request for a Three-Month Extension of Time;
3. Amendment Transmittal Letter (in duplicate);
4. Check in the amount of \$490.00;
5. Authorization to Charge Deposit Account (in duplicate);
6. Certificate of Mailing under C.F.R. §1.8 (a); and
7. Return Receipt Card.

I hereby certify that the above identified correspondence, which is attached, is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

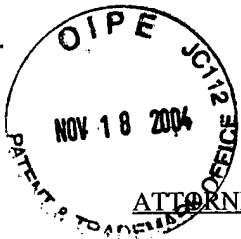
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on November 15, 2004.

Robin Southworth

Robin Southworth  
(Signature)

November 15, 2004  
(Date of Signature)



ATTORNEY'S DOCKET NO. \_\_\_\_\_

In re the application of: O'Connell, T.  
Serial No.: 10/687,077  
Filed: October 16, 2003  
For: Lifting Jack Accessory

Commissioner for Patents  
Post Office Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

  x   No additional fee is required.

The fee has been calculated as shown below:

							Other Than A		
(Col 1)			(Col 2)	(Col 3)	Small Entity:	Small Entity:			
Claims Remaining After Amendment			Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	OR	Rate	Addit. Fee
Total:	*8	Minus	**8	X	x 9.=	0.		x 18.=	0.
Indep.:	*2	Minus	**2	X	x 44.=	0.		x 88.=	0.
Total:									\$0.

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\*If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total of Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$XXX is enclosed to cover the filing fee for the presentation of additional claims.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 11-1734. A Duplicate copy of this sheet is enclosed.

  XXX   Any additional filing fees required under 37 CFR 1.16 for the presentation of extra claims.

       Any patent application processing fees under 37 CFR 1.17.

Dated: November 15, 2004

Bernhard Kretten by M. J. F. O'S  
BERNHARD KRETEN, Reg. No. 27,037  
Reg No 47,474



UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: O'Connell, T.

Serial No.: 10/687,077

Filed: October 16, 2003

Title: Lifting Jack Accessory

Docket No.: 33249-pa

To: Commissioner of Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**Authorization to Charge Deposit Account**

It is respectfully submitted that due to the enclosed check for \$490.00, filing fees are not due for the submitted Amendment and Three-Month Extension of Time. However, should any additional fees be due with respect to this filing, they should be charged to undersigned's deposit account number 11-1734, attorney docket number 33249-pa. A duplicate copy of this authorization is enclosed.

Dated: November 15, 2004

Respectfully Submitted:

  
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